#### WILKINSBURG POLICE DEPARTMENT





I, the undersigned, request that the Wilkinsburg Police Department conduct an investigation into an incident that PERSONALLY involved me and a Wilkinsburg Police Officer or employee.

I have received a copy of the Wilkinsburg Police Department Civilian Complaint Form and understand that my complaint WILL BE TAKEN UNDER OATH and that the facts and opinions which I give to the Department's investigator are to be true to the best of my knowledge and recollection. I understand that I may be criminally prosecuted under the PA Crimes Code §4906 in the event that I KNOWINGLY give a false report or information.

### §4906 False Reports to Law Enforcement Authorities

- (a) Falsely incriminating another. A person who knowingly gives false information to any law enforcement officer with the intent to implicate another commits a misdemeanor of the second degree.
- (b) Fictitious reports. A person commits a misdemeanor of the third degree if he:
  - (1) reports to law enforcement authorities an offense or other incident within their concern knowing that it did not occur; or
  - (2) pretends to furnish such authorities with information relating to an offense or incident when he knows he has no information relating to such offense or incident.

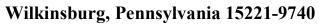
### §1104 Sentence of Imprisonment for Misdemeanor.

A person who has been convicted of a misdemeanor may be sentenced to imprisonment for a definite term which shall be fixed by the court and shall not be more than:

- (1) Five years in the case of a misdemeanor of the first degree.
- (2) Two years in the case of a misdemeanor of the second degree.
- (3) One year in the case of a misdemeanor of the third degree.

Sworn to and subscribed before me this day of, 20	Complainant Signature	
	Printed Name	
	Address	
Notary		
	Telephone Number	

# WILKINSBURG POLICE DEPARTMENT 605 Ross Avenue





## **CIVILIAN COMPLAINT REPORT**

IA#			
Name of Complainan			
		Phone:	
Date and Time of Oc	currence:		
Location of Occurren	ce:		
Date and Time Report	rted:		
Witness Name:		Phone:	
Witness Address:			
Witness Name:		Phone:	
Witness Address:			
Name of officer/s			
Description of			
Badge and/or car #			
Was the officer in un	iform? □ Yes □ No		
Describe details of oc	currence- (Use reverse side	if necessary.)	
•	the foregoing is true and cor	rect.	
By:Co	mplainant's Name	Date and time signed	
Report received by: _			_

## WILKINSBURG POLICE DEPARTMENT



## **COMPLAINT OF BRUTALITY**

1 Complainant	Address
wish to make a complaint of bru	tality against the following officer:
of the Wilkinsburg Department of information or observations:	Name and Rank of Police. The complaint is based on the following factual
Include officer's names, dates, an chain of events, injuries you rece	ace. Use additional sheets of paper if necessary.  nd times of occurrence, chronological listing of the  eived and from whom received, and list any  uding names, addresses and phone numbers, etc.)
Complainant's signature	
Today's date:	(Must be notarized and delivered within 30 days of occurrence)
On this day of of information is true and correct.	, 20, in the County and did make oath to same that the foregoing
Notary Public	
Today's date:	



Date: \_\_\_\_\_

To:

This is to verify that- on \_\_\_\_\_\_\_\_.we received your complaint against (Date)

\_\_\_\_\_\_\_ of the Wilkinsburg Department of Police. The complaint shall be properly investigated per our Rules and Regulations and Pennsylvania State Law. When the investigation is complete, you will be notified as to any findings and disciplinary action taken. If you have any questions, you may contact the investigating officer at the Police Department on the following days and times:

Sincerely,

**Investigating Officer** 

IA Case No.